

TRANSMITTAL FORM

Attorney Docket No.
RPS920020102US1/2543PIn re the application of: **William W. BUCHANAN, Jr. et al.**Confirmation No: **2948**Serial No: **10/315,807**Group Art Unit: **2113**Filed: **December 10, 2002**Examiner: **Riad, Amine**For: **Method and System for Detection and Correction of Entrance into an Improper MBR State in a Computer System**

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Assignment and Recordation Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> After Final	<input type="checkbox"/> Part B-Issue Fee Transmittal	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Information disclosure statement	<input type="checkbox"/> Letter to Draftsman	<input checked="" type="checkbox"/> Substitute Appeal Brief
<input type="checkbox"/> Substitute Form 1449	<input type="checkbox"/> Drawings	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Reference Copies	<input type="checkbox"/> Petition	<input type="checkbox"/> Postcard
<input type="checkbox"/> Extension of Time Request *	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Doc	<input type="checkbox"/> Power of Attorney and Revocation of Prior Powers	
<input type="checkbox"/> Response to Incomplete Appln	<input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .	
<input type="checkbox"/> Executed Declaration by Inventor(s)		

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	16	20	0	\$ 50.00	\$ 0.00
Independent Claims	5	5	0	\$200.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Enn C. Ming, Reg. No. 47,797
Signature	
Date	August 17, 2006

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to Examiner Amine Riad via the USPTO EFS-Web on **August 17, 2006**.

Type or printed name	Jinny Nguyen
Signature	